Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME	Krvstal's Janitoral Ser	vice	
ADDRESS			
Box 2302			
CITY			
Bernalillo			
STATE			
NM			
ZIP CODE 87004			
PHONE 505-867-9805	FAX 50:	X 5-771-1207	
EMAIL: N/A		\neg	
	: TTION WORK (Check al. t Primary Expertise	l that apply)	
☐ Site Work ☐ Structural x☐Carpet/Cleaning ☐Mechanical	☐ Demolition ☐ Steel Fencing ☐ Roofing ☐ Clean Room	□Exterior Utilities □ Masonry x□ Building/Cleaning □ Fire Protection	☐ Paint ☐ Mechanical (HVAC/Plumbing) ☐ Electrical ☐ Nuclear Facility
2 years	our organization been in a	business as a construction co	
Under what former nam	es has your organization	operated?	
qualifications.	ears – Owner/President	f your organization, years witl	h firm, educational training and

List the categories of work that your organization normally performs with its company personal.

Final Construction Cleaning, All Janiforial Services, Windows in & outside, strip, wax, seal
floors
List the major projects your organization has in progress or has completed in the past five years, owner, contact
amount, date/expected completion, percentage performed with its company personal
Bernalillo Middle School - \$8,000 – comp. 8/2002
Del Norte High School - \$6,000 – comp. 12/2002
DAHL Plumbing Supply – Santa Fe – ongoing contract
Frank's P&H – ongoing contract
List your Trade References
Frank's Plumbing & Heating
Newr & Butch Sheet Metal & Roofing
MSR Construction
Davis & Assoc.
List your Surety company or your banking affiliates.
Hartford Insurance
What is your organization's current bonding rate? 1 million
Single x Aggregate Aggregate
Has your firm entered into a contract that had to be completed by your surety within the past five years?
Yes □ No □x
Yes □ No □x List your Contractor's New Mexico license classification(s):
Albuquerque 524442 – Santa Fe 02 90051 – Bernalillo 0541 Janitoral SRCV
Safety History:
List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable
Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the previous three year period.
No Lost Days
Dete Times Interested In Clate in Memorialistic
Rate Type: Interstate, In-Statex, Monopolistic
Insurance Carrier:
Hartford Insurance
What is your firm's North American Industrial Classification System (NAICS) code?
Unknown
Charle all that apply to your arganization. Provide cartification if 9(a) Contified on Small Disadvantaged
Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged. x□ Woman owned x□ Small Business x□ Small Disadvantaged □ 8(a) □ Large □ Vetera
☐ Disabled Veteran ☐ HUBZone
Present number of employees

 $x \square 1-20$ $\square 21-40$ $\square 41-60$ $\square 61-100$ $\square Over 100$